



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31 , 2009
OF THE CONDITION AND AFFAIRS OF THE

Northern National Life Insurance Co of RI

NAIC Group Code 0000 , NAIC Company Code 87564 Employer's ID Number 05-0376183
(Current Period) (Prior Period)

Organized under the Laws of Rhode Island , State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Incorporated / Organized April 14 , 1977 Commenced Business April 14 , 1977

Statutory Home Office One Home Loan Plaza , Warwick , Rhode Island 02886
(Street and Number , City or Town , State and Zip Code)

Main Administrative Office One Home Loan Plaza , Warwick , Rhode Island 02886 800-223-1700 Ext 202
(Street and Number , City or Town , State and Zip Code) (Area Code) (Telephone Number)

Mail Address One Home Loan Plaza , Warwick , Rhode Island 02886
(Street and Number or P.O. Box , City or Town , State and Zip Code)

Primary Location of Books and Records One Home Loan Plaza , Warwick , Rhode Island 02886
(Street and Number , City or Town , State and Zip Code)
800-223-1700 Ext 202
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Michael Holahan 800-223-1700 x202
(Name) (Area Code) (Telephone Number) (Extension)
mholahan@homeloanbank.com 401-739-9675
(E-Mail Address) (Fax Number)

OFFICERS

Brian J Murphy (President)
Daniel A Murphy (Secretary)
Daniel A Murphy (Treasurer)
Gary Fagg (Actuary)

OTHER OFFICERS

Peter LaChapelle (Operating Officer)

DIRECTORS OR TRUSTEES

State of Rhode Island }
County of } SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<div>Brian J Murphy President</div>	<div>Daniel A Murphy Secretary</div>	<div>Daniel A Murphy Treasurer</div>
Subscribed and sworn to before me this day of 2010		a. Is this an original filing? Yes (X) No ()
		b. If no: 1. State the amendment number
		2. Date filed
		3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Column 1 minus Column 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	2,000,000		2,000,000	2,000,000
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 70,112 , Schedule E - Part 1) , cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$ 1,617,194 , Schedule DA)	1,687,306		1,687,306	1,922,369
6. Contract loans (including \$ premium notes)				
7. Other invested assets (Schedule BA)				
8. Receivables for securities	5,356		5,356	
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Line 1 through Line 9)	3,692,662		3,692,662	3,922,369
11. Title plants less \$ charged off (for Title insurers only)				
12. Investment income due and accrued				11,197
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection				
13.2 Deferred premiums , agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset				
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software				
19. Furniture and equipment , including health care delivery assets (\$)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care (\$) and other amounts receivable				
23. Aggregate write-ins for other than invested assets				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	3,692,662		3,692,662	3,933,566
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Line 24 and Line 25)	3,692,662		3,692,662	3,933,566
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ (Exhibit 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)		1,942
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Column 1) (including \$ Modco Reserve)		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Column 1) (including \$ Modco Reserve)		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11)		45,000
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11)		
5. Policyholders' dividends \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$ Modco)		
6.2 Dividends not yet apportioned (including \$ Modco)		
6.3 Coupons and similar benefits (including \$ Modco)		
7. Amount provisionally held for deferred dividend policies not included in Line 6		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ accident and health premiums (Exhibit 1, Part 1, Column 1, sum of Line 4 and Line 14)		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on cancelled contracts		
9.2 Provision for experience rating refunds, including \$ accident and health experience rating refunds		
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded		
9.4 Interest Maintenance Reserve (IMR, Line 6)		
10. Commissions to agents due or accrued-life and annuity contracts \$, accident and health \$ and deposit-type contract funds \$		
11. Commissions and expense allowances payable on reinsurance assumed	367	290
12. General expenses due or accrued (Exhibit 2, Line 12, Column 6)		
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Column 5)		
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses)		31,375
15.2 Net deferred tax liability		
16. Unearned investment income		
17. Amounts withheld or retained by company as agent or trustee		
18. Amounts held for agents' account, including \$ agents' credit balances		
19. Remittances and items not allocated		
20. Net adjustment in assets and liabilities due to foreign exchange rates		
21. Liability for benefits for employees and agents if not included above		
22. Borrowed money \$ and interest thereon \$		
23. Dividends to stockholders declared and unpaid		
24. Miscellaneous liabilities:		
24.1 Asset valuation reserve (AVR, Line 16, Column 7)		
24.2 Reinsurance in unauthorized companies		
24.3 Funds held under reinsurance treaties with unauthorized reinsurers		
24.4 Payable to parent, subsidiaries and affiliates	4,803	3,861
24.5 Drafts outstanding		
24.6 Liability for amounts held under uninsured plans		
24.7 Funds held under coinsurance		
24.8 Payable for securities		
24.9 Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding Separate Accounts business (Line 1 to Line 25)	5,170	82,468
27. From Separate Accounts statement		
28. Total liabilities (Line 26 and Line 27)	5,170	82,468
29. Common capital stock	100,000	100,000
30. Preferred capital stock		
31. Aggregate write-ins for other than special surplus funds		
32. Surplus notes		
33. Gross paid in and contributed surplus (Page 3, Line 33, Column 2 plus Page 4, Line 51.1, Column 1)	139,789	139,789
34. Aggregate write-ins for special surplus funds		
35. Unassigned funds (surplus)	3,447,703	3,611,309
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)		
36.2 shares preferred (value included in Line 30 \$)		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$ in Separate Accounts Statement)	3,587,492	3,751,098
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)	3,687,492	3,851,098
39. Totals of Lines 28 and 38 (Page 2, Line 26, Column 3)	3,692,662	3,933,566
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)		
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page		
3199. Totals (Line 3101 through Line 3103 plus Line 3198) (Line 31 above)		
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page		
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Northern National Life Insurance Co of RI

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Column 1, less Column 11)	639	1,964
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	3,175	83,346
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)		
5. Separate Accounts net gain from operations excluding unrealized gains or losses		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Column 1)		
7. Reserve adjustments on reinsurance ceded	46,935	
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2 Charges and fees for deposit-type contracts		
8.3 Aggregate write-ins for miscellaneous income		
9. Totals (Line 1 to Line 8.3)	50,749	85,310
10. Death benefits	(164)	(409)
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Column 4 plus Column 8)		
13. Disability benefits and benefits under accident and health contracts		
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts		
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts	(7)	(3,380)
20. Totals (Line 10 to Line 19)	(171)	(3,789)
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Column 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Column 1)		713
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	250,784	62,610
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Column 1 plus Column 2 plus Column 3)	372	1,427
25. Increase in loading on deferred and uncollected premiums		
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions		
28. Totals (Line 20 to Line 27)	250,985	60,961
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	(200,236)	24,349
30. Dividends to policyholders		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	(200,236)	24,349
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	(36,630)	6,087
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(163,606)	18,262
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$		
\$		
35. Net Income (Line 33 plus Line 34)	(163,606)	18,262
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Column 2)	3,851,098	3,832,836
37. Net income (Line 35)	(163,606)	18,262
38. Change in net unrealized capital gains (losses) less capital gains tax of \$		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		
41. Change in nonadmitted assets		
42. Change in liability for reinsurance in unauthorized companies		
43. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Column 4)		
44. Change in asset valuation reserve		
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Column 2 minus Column 1)		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts statement		
48. Change in surplus notes		
49. Cumulative effects of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus		
54. Net change in capital and surplus for the year (Line 37 through Line 53)	(163,606)	18,262
55. Capital and surplus, December 31, current year (Line 36 plus Line 54) (Page 3, Line 38)	3,687,492	3,851,098
DETAILS OF WRITE-INS		
08.301.		
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page		
08.399. Totals (Line 08.301 through Line 08.303 plus Line 08.398) (Line 8.3 above)		
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Line 2701 through Line 2703 plus Line 2798) (Line 27 above)		
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page		
5399. Totals (Line 5301 through Line 5303 plus Line 5398) (Line 53 above)		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	639	1,964
2. Net investment income	3,175	83,346
3. Miscellaneous income		
4. Total (Line 1 through Line 3)	3,814	85,310
5. Benefit and loss related payments	(164)	(409)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	34,820	9,149
7. Commissions, expenses paid and aggregate write-ins for deductions	251,156	64,750
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	285,812	73,490
11. Net cash from operations (Line 4 minus Line 10)	(281,998)	11,820
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		849
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)		849
13. Cost of investments acquired (long-term only):		
13.1 Bonds		2,006,970
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)		2,006,970
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(2,006,121)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	46,935	(6,034)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	46,935	(6,034)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(235,063)	(2,000,335)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,922,369	3,922,704
19.2 End of year (Line 18 plus Line 19.1)	1,687,306	1,922,369
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.001		
20.002		
20.003		
20.004		
20.005		
20.006		
20.007		
20.008		
20.009		
20.010		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
1. Premiums and annuity considerations for life and accident and health contracts	639					639						
2. Considerations for supplementary contracts with life contingencies												
3. Net investment income	3,175					3,175						
4. Amortization of Interest Maintenance Reserve (IMR)												
5. Separate Accounts net gain from operations excluding unrealized gains or losses												
6. Commissions and expense allowances on reinsurance ceded												
7. Reserve adjustments on reinsurance ceded	46,935					46,935						
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts												
8.2 Charges and fees for deposit-type contracts												
8.3 Aggregate write-ins for miscellaneous income												
9. Totals (Line 1 to Line 8.3)	50,749					50,749						
10. Death benefits	(164)					(164)						
11. Matured endowments (excluding guaranteed annual pure endowments)												
12. Annuity benefits												
13. Disability benefits and benefits under accident and health contracts												
14. Coupons, guaranteed annual pure endowments and similar benefits												
15. Surrender benefits and withdrawals for life contracts												
16. Group conversions												
17. Interest and adjustments on contract or deposit-type contract funds												
18. Payments on supplementary contracts with life contingencies												
19. Increase in aggregate reserves for life and accident and health contracts	(7)					(7)						
20. Totals (Line 10 to Line 19)	(171)					(171)						
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)												
22. Commissions and expense allowances on reinsurance assumed												
23. General insurance expenses	250,784					250,784						
24. Insurance taxes, licenses and fees, excluding federal income taxes	372					372						
25. Increase in loading on deferred and uncollected premiums												
26. Net transfers to or (from) Separate Accounts net of reinsurance												
27. Aggregate write-ins for deductions												
28. Totals (Line 20 to Line 27)	250,985					250,985						
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	(200,236)					(200,236)						
30. Dividends to policyholders												
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	(200,236)					(200,236)						
32. Federal income taxes incurred (excluding tax on capital gains)	(36,630)					(36,630)						
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(163,606)					(163,606)						
DETAILS OF WRITE-INS												
08.301.												
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page												
08.399. Totals (Line 08.301 through Line 08.303 plus Line 08.398) (Line 8.3 above)												
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page												
2799. Totals (Line 2701 through Line 2703 plus Line 2798) (Line 27 above)												

(a) Includes the following amounts for FEGLI/SGLI: Line 1, Line 10, Line 16, Line 23, Line 24

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group	
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)								
1. Reserve December 31, prior year	1,942					1,942		
2. Tabular net premiums or considerations								
3. Present value of disability claims incurred					X X X			
4. Tabular interest								
5. Tabular less actual reserve released								
6. Increase in reserve on account of change in valuation basis								
7. Other increases (net)								
8. Totals (Line 1 to Line 7)	1,942					1,942		
9. Tabular cost					X X X			
10. Reserves released by death				X X X	X X X			X X X
11. Reserves released by other terminations (net)	1,942					1,942		
12. Annuity, supplementary contract, and disability payments involving life contingencies								
13. Net transfers to or (from) Separate Accounts								
14. Total deductions (Line 9 to Line 13)	1,942					1,942		
15. Reserve December 31, current year								

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U. S. Government bonds	(a)	
1.1 Bonds exempt from U. S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 3,175	3,175
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	3,175	3,175
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Totals deductions (Line 11 through Line 15)		
17. Net investment income (Line 10 minus Line 16)		3,175
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		
(a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.	(f) Includes \$ accrual of discount less \$ amortization of premium.	
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.	(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.	
(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.	(h) Includes \$ interest on surplus notes and \$ interest on capital notes.	
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.	(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.	
(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Cols. 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U. S. Government bonds					
1.1 Bonds exempt from U. S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
NONE					
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1	2	Ordinary		5	Group		Accident and Health			11
			3	4		6	7	8	9	10	
	Total	Industrial Life	Life Insurance	Individual Annuities	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
FIRST YEAR (other than single)											
1. Uncollected											
2. Deferred and accrued											
3. Deferred, accrued and uncollected:											
3.1 Direct											
3.2 Reinsurance assumed											
3.3 Reinsurance ceded											
3.4 Net (Line 1 plus Line 2)											
4. Advance											
5. Line 3.4 minus Line 4											
6. Collected during year:											
6.1 Direct											
6.2 Reinsurance assumed											
6.3 Reinsurance ceded											
6.4 Net											
7. Line 5 plus Line 6.4											
8. Prior year (uncollected plus deferred and accrued minus advance)											
9. First year premiums and considerations:											
9.1 Direct											
9.2 Reinsurance assumed											
9.3 Reinsurance ceded											
9.4 Net (Line 7 minus Line 8)											
SINGLE											
10. Single premiums and considerations:											
10.1 Direct											
10.2 Reinsurance assumed											
10.3 Reinsurance ceded											
10.4 Net											
RENEWAL											
11. Uncollected											
12. Deferred and accrued											
13. Deferred, accrued and uncollected:											
13.1 Direct											
13.2 Reinsurance assumed											
13.3 Reinsurance ceded											
13.4 Net (Line 11 plus Line 12)											
14. Advance											
15. Line 13.4 minus Line 14											
16. Collected during year:											
16.1 Direct											
16.2 Reinsurance assumed											
16.3 Reinsurance ceded											
16.4 Net											
17. Line 15 plus Line 16.4											
18. Prior year (uncollected plus deferred and accrued minus advance)											
19. Renewal premiums and considerations:											
19.1 Direct											
19.2 Reinsurance assumed											
19.3 Reinsurance ceded											
19.4 Net (Line 17 minus Line 18)											
TOTAL											
20. Total premiums and annuity considerations:											
20.1 Direct											
20.2 Reinsurance assumed											
20.3 Reinsurance ceded											
20.4 Net (Lines 9.4 plus 10.4 plus 19.4)											

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Northern National Life Insurance Co of RI

EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS
AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	1	2	Ordinary		5	Group		Accident and Health			11
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	Credit Life (Group and Individual)	6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	Aggregate of All Other Lines of Business
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums											
22. All other											
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded											
23.2 Reinsurance assumed											
23.3 Net ceded less assumed											
24. Single:											
24.1 Reinsurance ceded											
24.2 Reinsurance assumed											
24.3 Net ceded less assumed											
25. Renewal:											
25.1 Reinsurance ceded											
25.2 Reinsurance assumed											
25.3 Net ceded less assumed											
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6)											
26.2 Reinsurance assumed (Page 6, Line 22)											
26.3 Net ceded less assumed											
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single)											
28. Single											
29. Renewal											
30. Deposit-type contract funds											
31. Totals (to agree with Page 6, Line 21)											

NONE

EXHIBIT 2 - GENERAL EXPENSES

		Insurance			5	6	
		1	Accident and Health				4
			2 Cost Containment	3 All Other			
Life				All Other Lines of Business	Investment	Total	
1.	Rent			1,162		1,162	
2.	Salaries and wages			15,282		15,282	
3.11	Contributions for benefit plans for employees						
3.12	Contributions for benefit plans for agents						
3.21	Payments to employees under non-funded benefit plans						
3.22	Payments to agents under non-funded benefit plans						
3.31	Other employee welfare						
3.32	Other agent welfare						
4.1	Legal fees and expenses						
4.2	Medical examination fees						
4.3	Inspection report fees						
4.4	Fees of public accountants and consulting actuaries			33,957		33,957	
4.5	Expense of investigation and settlement of policy claims			196,112		196,112	
5.1	Traveling expenses						
5.2	Advertising						
5.3	Postage, express, telegraph and telephone			986		986	
5.4	Printing and stationery						
5.5	Cost or depreciation of furniture and equipment						
5.6	Rental of equipment						
5.7	Cost or depreciation of EDP equipment and software						
6.1	Books and periodicals						
6.2	Bureau and association fees						
6.3	Insurance, except on real estate						
6.4	Miscellaneous losses			3,054		3,054	
6.5	Collection and bank service charges						
6.6	Sundry general expenses						
6.7	Group service and administration fees						
6.8	Reimbursements by uninsured plans						
7.1	Agency expense allowance						
7.2	Agents' balances charged off (less \$ recovered)						
7.3	Agency conferences other than local meetings						
9.1	Real estate expenses						
9.2	Investment expenses not included elsewhere						
9.3	Aggregate write-ins for expenses						
10.	General expenses incurred			250,553		(a) 250,553	
11.	General expenses unpaid December 31, prior year						
12.	General expenses unpaid December 31, current year						
13.	Amounts receivable relating to uninsured plans, prior year						
14.	Amounts receivable relating to uninsured plans, current year						
15.	General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14)			250,553		250,553	
DETAILS OF WRITE-INS							
09.301.							
09.302.							
09.303.							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page							
09.399. Totals (Line 09.301 through Line 09.303 plus Line 09.398) (Line 9.3 above)							

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES
(EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4	5
	1 Life	2 Accident and Health	3 All Other Lines of Business		
				Investment	Total
1. Real estate taxes					
2. State insurance department licenses and fees	372				372
3. State taxes on premiums					
4. Other state taxes, including \$ for employee benefits					
5. U. S. Social Security taxes					
6. All other taxes					
7. Taxes, licenses and fees incurred	372				372
8. Taxes, licenses and fees unpaid December 31, prior year					
9. Taxes, licenses and fees unpaid December 31, current year					
10. Taxes, licenses and fees paid during year (Line 7 plus Line 8 minus Line 9)	372				372

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1	2
	Life	Accident and Health
1. Applied to pay renewal premiums		
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Line 1 through Line 4		
6. Paid-in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. Total Line 5 through Line 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calend		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend policies not includ		
15. Total Line 10 through Line 14		
16. Total from prior year		
17. Total dividends or refunds (Line 9 plus Line 15 minus Line 16)		
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. Totals (Line 0801 through Line 0803 plus Line 0898) (Line 8 above)		

NONE

Page 12

Exhibit 5, Aggregate Reserve for Life Contracts

NONE

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?

Yes () No (X)

1.2

If not , state which kind is issued.

2.1

Does the reporting entity at present issue both participating and non-participating contracts?

Yes () No (X)

2.2

If not , state which kind is issued.

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes () No (X)

4.

Has the reporting entity any assessment or stipulated premium contracts in force?
If so, state:

Yes () No (X)

4.1

Amount of insurance?

\$

4.2

Amount of reserve?

\$

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year:

\$

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes () No (X)

6.1

If so, state the amount of reserve on such contracts on the basis actually held:

\$

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6. 1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes () No (X)

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements:

\$

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount.

7.3

State the amount of reserves established for this business:

\$

7.4

Identify where the reserves are reported in the blank.

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	

NONE

Page 14

Exh. 6, Aggregate Reserve for Accident and Health Contracts

NONE

Page 15

Exhibit 7, Deposit Type Contracts

NONE

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

		1	2	Ordinary			6	Group		Accident and Health		
		Total	Industrial Life	3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts	Credit Life (Group and Individual)	7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:												
	1.1 Direct											
	1.2 Reinsurance assumed											
	1.3 Reinsurance ceded											
	1.4 Net											
2. In course of settlement:												
2.1 Resisted	2.11 Direct											
	2.12 Reinsurance assumed											
	2.13 Reinsurance ceded											
	2.14 Net							(b)				
2.2 Other	2.21 Direct											
	2.22 Reinsurance assumed											
	2.23 Reinsurance ceded											
	2.24 Net							(b)		(b)	(b)	(b)
3. Incurred but unreported:												
	3.1 Direct											
	3.2 Reinsurance assumed											
	3.3 Reinsurance ceded											
	3.4 Net			(b)	(b)		(b)	(b)		(b)	(b)	(b)
4. TOTALS	4.1 Direct											
	4.2 Reinsurance assumed											
	4.3 Reinsurance ceded											
	4.4 Net		(a)	(a)				(a)				

NONE

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ in Column 2, \$ in Column 3 and \$ in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$, Individual Annuities \$, Credit Life (Group and Individual) \$, and Group Life \$, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$, Credit (Group and Individual) Accident and Health \$ and Other Accident and Health \$ are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
PART 2 - Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct											
1.2 Reinsurance assumed											
1.3 Reinsurance ceded											
1.4 Net	(d)										
2. Liability December 31, current year from Part 1:											
2.1 Direct											
2.2 Reinsurance assumed											
2.3 Reinsurance ceded											
2.4 Net											
3. Amounts recoverable from reinsurers December 31, current year											
4. Liability December 31, prior year:											
4.1 Direct											
4.2 Reinsurance assumed											
4.3 Reinsurance ceded											
4.4 Net											
5. Amounts recoverable from reinsurers December 31, prior year											
6. Incurred Benefits:											
6.1 Direct											
6.2 Reinsurance assumed											
6.3 Reinsurance ceded											
6.4 Net											

NONE

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
\$ in Line 6.1 and \$ in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
\$ in Line 6.1 and \$ in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
\$ in Line 6.1 and \$ in Line 6.4.

(d) Includes \$ premiums waived under total and permanent disability benefits.

Page 18

Exhibit 9 , Analysis of Nonadmitted Assets and Related Items

NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies –
The financial statements of Northern National Life Insurance Company we're prepared in accordance with the NAIC Accounting Practices and Procedures Manual and the Rhode Island Department of Business Regulations – Insurance Division.
2. Accounting Changes and Corrections of Errors - NO CHANGE
3. Business Combinations and Goodwill - NO CHANGE
4. Discontinued Operations - NO CHANGE
5. Investments – NO CHANGE
6. Joint Ventures, Partnerships and Limited Liability Companies - NO CHANGE
7. Investment Income - NO CHANGE
8. Derivative Instruments - NO CHANGE
9. Income Taxes - NO CHANGE
10. Information Concerning Parent, Subsidiaries and Affiliates - NO CHANGE
11. Debt - NO CHANGE
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - NO CHANGE
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations - NO CHANGE
14. Contingencies - NO CHANGE
15. Leases - NO CHANGE
16. Information About Financial Instruments With Off-Balance Sheet - Risk and Financial Instruments With Concentrations of Credit Risk – NO CHANGE
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – NO CHANGE

NOTES TO FINANCIAL STATEMENTS

- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - NO CHANGE
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – NO CHANGE
- 20. September 11 Events – NO CHANGE
- 21. Other Items - NO CHANGE
- 22. Events Subsequent - NO CHANGE
- 23. Reinsurance - NO CHANGE
- 24. Retrospectively Rated Contracts & Contracts Subject to Re-determination - NO CHANGE
- 25. Change in Incurred Claims and Claim Adjustment Expenses - NO CHANGE
- 26. Intercompany Pooling Arrangements - NO CHANGE
- 27. Structured Settlements - NO CHANGE
- 28. Health Care Receivables - NO CHANGE
- 29. Participating Policies - NO CHANGE
- 30. Premium Deficiency Reserves - NO CHANGE
- 31. Reserves for Life Contracts and Deposit Type Contracts - NO CHANGE
- 32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics - NO CHANGE
- 33. Premium and Annuity Considerations Deferred and Uncollected - NO CHANGE
- 34. Separate Accounts - NO CHANGE
- 35. Loss/Claim Adjustment Expenses - NO CHANGE

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes () No (X)
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes () No () N/A (X)
- 1.3

State Regulating?

.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes () No (X)
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2004
- 3.2

State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2004
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/04/2005
- 3.4

By what department or departments?
.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes (X) No () N/A ()
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes (X) No () N/A ()
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes () No (X)

4.12

renewals?

Yes () No (X)
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes () No (X)

4.22

renewals?

Yes () No (X)
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 5.2

If yes, provide name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes () No (X)
- 6.2

If yes, give full information:
.....
.....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes () No (X)
- 7.2

If yes,

7.21

State the percentage of foreign control;

.....%

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g. individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes () No (X)
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
.....
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes (X) No ()
- 8.4

If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
Home Loan Investment Bank	Warwick, RI .....	.....	.....	OTS .....	.....	.....
.....
.....

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
NONE. Company was granted waiver from the audited financial statements filing requirement by the RI Department of Business Regulation - Insurance Division.
10.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
NONE. Company is not required to provide statement of actuarial opinion/certification.
.....
- 11.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes () No (X)
- 11.11

Name of real estate holding company
.....
.....
- 11.12

Number of parcels involved

.....
- 11.13

Total book/adjusted carrying value

\$
- 11.2

If yes, provide explanation
.....
.....
12.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
.....
- 12.2

Does this statement contain all business transacted for the reporting entity through its United States branch on risks wherever located?

Yes () No ()
- 12.3

Have there been any changes made to any of the trust indentures during the year?

Yes () No ()
- 12.4

If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes () No () N/A (X)
- 13.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes () No (X)
- 13.11

If the response to 13.1 is No, please explain:
.....
.....
- 13.2

Has the code of ethics for senior managers been amended?

Yes () No (X)
- 13.21

If the response to 13.2 is Yes, provide information related to amendment(s).
.....
.....
- 13.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes () No (X)
- 13.31

If the response to 13.3 is Yes, provide the nature of any waiver(s).
.....
.....

BOARD OF DIRECTORS

14.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes (X) No ()
15.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes (X) No ()
16.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes (X) No ()

GENERAL INTERROGATORIES
FINANCIAL

17.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes () No (X)

18.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.11

To directors or other officers

\$

18.12

To stockholders not officers

\$

18.13

Trustees, supreme or grand (Fraternal only)

\$

18.2

Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

18.21

To directors or other officers

\$

18.22

To stockholders not officers

\$

18.23

Trustees, supreme or grand (Fraternal only)

\$

19.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes () No (X)

19.2

If yes, state the amount thereof at December 31 of the current year:

19.21

Rented from others

\$

19.22

Borrowed from others

\$

19.23

Leased from others

\$

19.24

Other

\$

20.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes () No (X)

20.2

If answer is yes:

20.21

Amount paid as losses or risk adjustment

\$

20.22

Amount paid as expenses

\$

20.23

Other amounts paid

\$

21.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes () No (X)

21.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

22.1

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)

Yes (X) No ()

22.2

If no, give full and complete information relating thereto:

.....

.....

22.3

For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)

.....

.....

22.4

Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions?

Yes () No () N/A (X)

22.5

If answer to 22.4 is YES, report amount of collateral for conforming programs.

\$

22.6

If answer to 22.4 is NO, report amount of collateral for other programs.

\$

23.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3)

Yes () No (X)

23.2

If yes, state the amount thereof at December 31 of the current year:

23.21

Subject to repurchase agreements

\$

23.22

Subject to reverse repurchase agreements

\$

23.23

Subject to dollar repurchase agreements

\$

23.24

Subject to reverse dollar repurchase agreements

\$

23.25

Pledged as collateral

\$

23.26

Placed under option agreements

\$

23.27

Letter stock or securities restricted as to sale

\$

23.28

On deposit with state or other regulatory body

\$

23.29

Other

\$

23.3

For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....

24.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes () No (X)

24.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes () No () N/A (X)

25.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes () No (X)

25.2

If yes, state the amount thereof at December 31 of the current year.

\$

GENERAL INTERROGATORIES

INVESTMENT

26. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes () No (X)

26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

<div>1</div> <div>Name of Custodian(s)</div>	<div>2</div> <div>Custodian's Address</div>
Bank of America.....	200 N College St 3rd Flr NC 1-004-03-45 Charlotte, NC 28255.....
.....
.....

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

<div>1</div> <div>Name(s)</div>	<div>2</div> <div>Location(s)</div>	<div>3</div> <div>Complete Explanation(s)</div>
.....
.....
.....

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes () No (X)

26.04 If yes, give full and complete information relating thereto:

<div>1</div> <div>Old Custodian</div>	<div>2</div> <div>New Custodian</div>	<div>3</div> <div>Date of Change</div>	<div>4</div> <div>Reason</div>
.....
.....
.....

26.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

<div>1</div> <div>Central Registration Depository Number(s)</div>	<div>2</div> <div>Name</div>	<div>3</div> <div>Address</div>
.....
.....
.....

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No (X)

27.2 If yes, complete the following schedule:

<div>1</div> <div>CUSIP#</div>	<div>2</div> <div>Name of Mutual Fund</div>	<div>3</div> <div>Book/Adjusted Carrying Value</div>
.....
.....
.....
Line 27.2998 from Overflow page.....	
Line 27.2999 TOTAL (9999999).....	

27.3 For each mutual fund listed in the table above, complete the following schedule:

<div>1</div> <div>Name of Mutual Fund (from above table)</div>	<div>2</div> <div>Name of Significant Holding of the Mutual Fund</div>	<div>3</div> <div>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding</div>	<div>4</div> <div>Date of Valuation</div>
.....
.....
.....

GENERAL INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-) , or Fair Value over Statement (+)
28.1 Bonds	\$ 2,000,000	\$ 2,000,000	\$
28.2 Preferred stocks	\$	\$	\$
28.3 Totals	\$ 2,000,000	\$ 2,000,000	\$

28.4 Describe the sources or methods utilized in determining the fair values:
Market value
.....

29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes () No (X)

29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes () No (X)

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
.....

30.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed? Yes () No (X)

30.2 If no, list exceptions:
.....
.....

OTHER

31.1 Amount of payments to Trade Associations, service organizations and statistical or Rating Bureaus, if any? \$

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

32.1 Amount of payments for legal expenses, if any? \$

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes () No (X)

1.2

If yes, indicate premium earned on U.S. business only.

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding:

.....

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$

1.62

Total incurred claims

\$

1.63

Number of covered lives

.....

All years prior to most current three years:

1.64

Total premium earned

\$

1.65

Total incurred claims

\$

1.66

Number of covered lives

.....

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$

1.72

Total incurred claims

\$

1.73

Number of covered lives

.....

All years prior to most current three years:

1.74

Total premium earned

\$

1.75

Total incurred claims

\$

1.76

Number of covered lives

.....

2.

Health Test

2.1

Premium Numerator

\$

2.2

Premium Denominator

\$

2.3

Premium Ratio (Line 2.1 divided by Line 2.2)

.....

2.4

Reserve Numerator

\$

2.5

Reserve Denominator

\$

2.6

Reserve Ratio (Line 2.4 divided by Line 2.5)

.....

1

Current Year

2

Prior Year

46,942

3.1

Does this reporting entity have Separate Accounts?

Yes () No (X)

3.2

If yes, has a Separate Accounts statement been filed with this Department?

Yes () No () N/A (X)

3.3

What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

\$

3.4

State the authority under which Separate Accounts are maintained:

.....

.....

3.5

Was any of the reporting entity's Separate Accounts business reinsured as of December 31?

Yes () No (X)

3.6

Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?

Yes () No (X)

3.7

If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts, due or accrued (net)?"

\$

4.1

Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?

Yes () No (X)

4.2

Net reimbursement of such expenses between reporting entities:

4.21

Paid

\$

4.22

Received

\$

5.1

Does the reporting entity write any guaranteed interest contracts?

Yes () No (X)

5.2

If yes, what amount pertaining to these items is included in:

5.21

Page 3, Line 1

\$

5.22

Page 4, Line 1

\$

6.

For stock reporting entities only:

6.1

Total amount paid in by stockholders as surplus funds since organization of the reporting entity:

\$

7.

Total dividends paid stockholders since organization of the reporting entity:

7.11

Cash

\$

7.12

Stock

\$

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Yes () No (X)

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes () No (X)

8.3 If Line 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium
8.32 Paid claims
8.33 Claim liability and reserve (beginning of year)
8.34 Claim liability and reserve (end of year)
8.35 Incurred claims

8.4 If reinsurance assumed included amounts with attachment points below \$ 1,000,000, the distribution of the amounts reported in Line 8.31 and Line 8.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41	< \$ 25,000	.....	.....
8.42	\$ 25,000 - 99,999	.....	.....
8.43	\$ 100,000 - 249,999	.....	.....
8.44	\$ 250,000 - 999,999	.....	.....
8.45	\$ 1,000,000 or more	.....	.....

8.5 What portion of earned premium reported in Line 8.31, Column 1 was assumed from pools? \$

9.1 Does the company have variable annuities with guaranteed benefits? Yes () No (X)

9.2 If 9.1 is yes, complete the table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Column 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
.....
.....
.....

10. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
.....
.....
.....

11.1 Do you act as a custodian for health savings accounts? Yes () No (X)

11.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

11.3 Do you act as an administrator for health savings accounts? Yes () No (X)

11.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

GENERAL INTERROGATORIES (Continued)

Part 2 - LIFE INTERROGATORIES

Line 9.2

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Column 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit

NONE

Line 10.2

1	2
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i. e. , Present Value)

NONE

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only , no cents; show percentages to one decimal place , i.e. , 17.6.
Show amounts of life insurance in this exhibit in thousands (omit \$000)

	1 2009	2 2008	3 2007	4 2006	5 2005
<u>Life Insurance in Force</u> (Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Column 4)					
2. Ordinary-term (Line 21, Column 4, less Line 34, Column 4)					
3. Credit life (Line 21, Column 6)		79	210	426	763
4. Group, excluding FEGLI/SGLI (Line 21, Column 9 less Line 43 and Line 44, Column 4)					
5. Industrial (Line 21, Column 2)					
6. FEGLI/SGLI (Line 43 and Line 44, Column 4)					
7. Total (Line 21, Column 10)		79	210	426	763
<u>New Business Issued</u> (Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Column 2)					
9. Ordinary-term (Line 2, Column 4, less Line 34, Column 2)					
10. Credit life (Line 2, Column 6)					
11. Group (Line 2, Column 9)					
12. Industrial (Line 2, Column 2)					
13. Total (Line 2, Column 10)					
<u>Premium Income-Lines of Business</u> (Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Column 2)					
15.1 Ordinary life insurance (Line 20.4, Column 3)					
15.2 Ordinary individual annuities (Line 20.4, Column 4)					
16. Credit life, (group and individual) (Line 20.4, Column 5)	639	1,964	5,368	9,232	17,286
17.1 Group life insurance (Line 20.4, Column 6)					
17.2 Group annuities (Line 20.4, Column 7)					
18.1 A & H-group (Line 20.4, Column 8)					
18.2 A & H-credit (group and individual) (Line 20.4, Column 9)					
18.3 A & H-other (Line 20.4, Column 10)					
19. Aggregate of all other lines of business (Line 20.4, Column 11)					
20. Total	639	1,964	5,368	9,232	17,286
<u>Balance Sheet</u> (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 24, Column 3)	3,692,662	3,933,566	3,922,705	3,837,871	3,750,541
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	5,170	82,468	89,867	78,558	127,936
23. Aggregate life reserves (Page 3, Line 1)		1,942	5,322	12,443	25,517
24. Aggregate A & H reserves (Page 3, Line 2)					
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.1)					
27. Capital (Page 3, Line 29 and Line 30)	100,000	100,000	100,000	100,000	100,000
28. Surplus (Page 3, Line 37)	3,587,492	3,751,098	3,732,835	3,659,313	3,522,605
<u>Cash Flow (Page 5)</u>					
29. Net cash from operations (Line 11)	(281,998)	11,820	91,498	92,465	45,818
<u>Risk-Based Capital Analysis</u>					
30. Total adjusted capital	3,687,492	3,851,098	3,832,835	3,759,313	3,622,605
31. Authorized control level risk-based capital	18,912	19,097	1,898	463	910
<u>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</u> (Page 2, Column 3) (Line No./Page 2, Line 10, Column 3) x 100.0					
32. Bonds (Line 1)	54.2	51.0			
33. Stocks (Line 2.1 and Line 2.2)					
34. Mortgage loans on real estate (Line 3.1 and Line 3.2)					
35. Real estate (Line 4.1, Line 4.2 and Line 4.3)					
36. Cash, cash equivalents and short-term investments (Line 5)	45.7	49.0	100.0	100.0	100.0
37. Contract loans (Line 6)					
38. Other invested assets (Line 7)					
39. Receivables for securities (Line 8)	0.1				
40. Aggregate write-ins for invested assets (Line 9)					
41. Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2009	2 2008	3 2007	4 2006	5 2005
<u>Investments in Parent, Subsidiaries and Affiliates</u>					
42. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
43. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
44. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
45. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Line 42 to Line 47					
<u>Total Nonadmitted and Admitted Assets</u>					
49. Total nonadmitted assets (Page 2, Line 26, Column 2)					
50. Total admitted assets (Page 2, Line 26, Column 3)	3,692,662	3,933,566	3,922,705	3,837,871	3,750,541
<u>Investment Data</u>					
51. Net investment income (Exhibit of Net Investment Income)	3,175	83,346	160,518	168,501	103,894
52. Realized capital gains (losses)					
53. Unrealized capital gains (losses)					
54. Total of above Lines 51, Line 52 and Line 53	3,175	83,346	160,518	168,501	103,894
<u>Benefits and Reserve Increase</u> (Page 6)					
55. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and Line 15, Column 1 minus Lines 10, 11, 12, 13, 14 and Line 15, Columns 9, 10 and 11)	(164)	(409)	(819)	(652)	(2,454)
56. Total contract benefits - A and H (Line 13 and Line 14, Columns 9, 10 and 11)					
57. Increase in life reserves - other than group and annuities (Line 19, Columns 2 and 3)					
58. Increase in A & H Reserves (Line 19, Columns 9, 10 and 11)					
59. Dividends to policyholders (Line 30, Column 1)					
<u>Operating Percentages</u>					
60. Insurance expense percent (Page 6, Column 1, Line 21, Line 22 and Line 23 less Line 6) / (Page 6, Column 1, Line 1 plus Exhibit 7, Column 2, Line 2) x 100.00	39,246.3	3,224.2	1,406.9	937.2	401.9
61. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Column 4, Line 14 and Line 15) / 1/2 (Exhibit of Life Insurance, Column 4, Line 1 and Line 21)] x 100.00					
62. A & H loss percent (Schedule H, Part 1, Line 5 and Line 6, Column 2)					
63. A & H cost containment percent (Schedule H, Part 1, Line 4, Column 2)					
64. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2)					
<u>A & H Claim Reserve Adequacy</u>					
65. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1, Column 2)					
66. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2, Column 2)					
67. Incurred losses on prior years' claims - health other than group (Schedule H, Part 3, Line 3.1, Column 1 less Column 2)					
68. Prior years' claim liability and reserve - health other than group (Schedule H, Part 3, Line 3.2, Column 1 less Column 2)					
<u>Net Gains From Operations After Federal Income</u> <u>Taxes by Lines of Business</u> (Page 6, Line 33)					
69. Industrial life (Column 2)					
70. Ordinary-life (Column 3)					
71. Ordinary-individual annuities (Column 4)					
72. Ordinary-supplementary contracts (Column 5)					
73. Credit life (Column 6)	(163,606)	18,262	73,523	136,708	51,670
74. Group life (Column 7)					
75. Group annuities (Column 8)					
76. A & H-group (Column 9)					
77. A & H-credit (Column 10)					
78. A & H-other (Column 11)					
79. Aggregate of all other lines of business (Column 12)					
80. Total (Column 1)	(163,606)	18,262	73,523	136,708	51,670

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger
in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?
If no, please explain:

Yes (X) No ()

EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	Number of		9 Amount of Insurance (a)	Total Amount of Insurance (a)
							7 Policies	8 Certificates		
1. In force end of prior year					51	79				79
2. Issued during year										
3. Reinsurance assumed										
4. Revived during year										
5. Increased during year (net)										
6. Subtotals, Line 2 to Line 5										
7. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX		
8. Aggregate write-ins for increases										
9. Totals (Line 1 and Line 6 to Line 8)					51	79				79
Deductions during year:										
10. Death							XXX			
11. Maturity							XXX			
12. Disability							XXX			
13. Expiry										
14. Surrender										
15. Lapse										
16. Conversion							XXX	XXX	XXX	
17. Decreased (net)										
18. Reinsurance					51	79				79
19. Aggregate write-ins for decreases										
20. Totals (Line 10 to Line 19)					51	79				79
21. In force end of year (Line 9 minus Line 20)	XXX		XXX		XXX		XXX	XXX		
22. Reinsurance ceded end of year										
23. Line 21 minus Line 22	XXX		XXX		XXX	(b)	XXX	XXX		
DETAILS OF WRITE-INS										
0801.										
0802.										
0803.										
0898. Summary of remaining write-ins for Line 8 from overflow page										
0899. Totals (Line 0801 through Line 0803 plus Line 0898) (Line 8 above)										
1901.										
1902.										
1903.										
1998. Summary of remaining write-ins for Line 19 from overflow page										
1999. Totals (Line 1901 through Line 1903 plus Line 1998) (Line 19 above)										

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).
(b) Group \$; Individual \$

EXHIBIT OF LIFE INSURANCE (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends	> NONE		X X X	
25. Other paid-up insurance				
26. Debit ordinary insurance				
	X X X	X X X		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
Term Insurance Excluding Extended Term Insurance				
27. Term policies-decreasing	NONE			
28. Term policies-other				
29. Other term insurance-decreasing			X X X	
30. Other term insurance			X X X	
31. Totals (Line 27 to Line 30)				
Reconciliation to Line 2 and Line 21:				
32. Term additions			X X X	
33. Totals, extended term insurance				
34. Totals, whole life and endowment				
35. Totals (Line 31 to Line 34)				

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

			In Force End of Year (included in Line 21)	
			3 Non-Participating	4 Participating
36. Industrial	NONE			
37. Ordinary				
38. Credit Life (Group and Individual)				
39. Group				
40. Totals (Line 36 to Line 39)				

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1	2	3	4
			umber of Certificates	Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies	NONE		X X X	
42. Number in force end of year if the number under share was counted on a pro-rata basis				
43. Federal Employees' Group Life Insurance included in Line 2				X X X
44. Servicemen's Group Life Insurance included in Line 2				
45. Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a) .	NONE	
---	-------------	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.
(47.1)
(47.2) NONE

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial	Ordinary	Credit	Group	
	1 Number of Policies		6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium	NONE				
49. Disability Income					
50. Extended Benefits					
51. Other					
52. Total					(b)

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)
(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

Page 27

Exh. Number of Policies , Supplementary Contracts
NONE

Exh. Number of Policies , Annuities
NONE

Exh. Number of Policies , A/H Insurance
NONE

Exh. Number of Policies , Deposit Funds and Dividend Accumulations
NONE

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

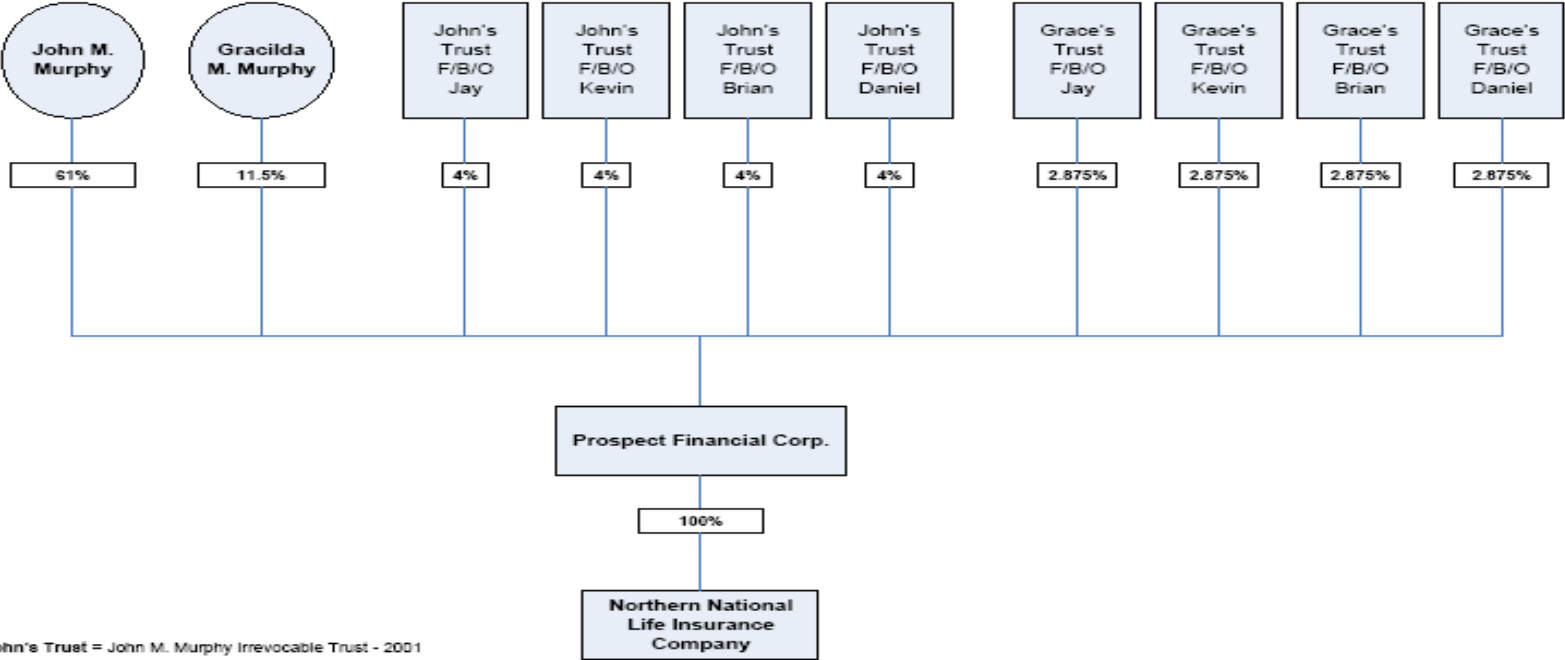
States , Etc.			1	Direct Business Only					
				Life Contracts		4 Accident and Health Insurance Premiums , Including Policy , Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
				2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	R							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U. S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CN	N							
58. Aggregate Other Alien	OT	XXX							
59. Subtotal	(a)	XXX							
90. Reporting entity contributions for employee benefit plans		XXX							
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX							
92. Dividends of refunds applied to shorten endowment or premium paying period		XXX							
93. Premium or annuity considerations waived under disability or other contract provisions		XXX							
94. Aggregate other amounts not allocable by State		XXX							
95. Totals (Direct Business)		XXX							
96. Plus Reinsurance Assumed		XXX	639				639		
97. Totals (All Business)		XXX	639				639		
98. Less Reinsurance Ceded		XXX							
99. Totals (All Business) less Reinsurance Ceded		XXX	639		(b)		639		
DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX							
5899. Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)		XXX							
9401.		XXX							
9402.		XXX							
9403.		XXX							
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX							
9499. Total (Line 9401 through Line 9403 plus Line 9498) (Line 94 above)		XXX							

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

.....
.....
.....

(a) Insert the number of L responses except for Canada and Other Alien.
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1; indicate which;

Northern National Life Insurance Company – Current Ownership Structure



* John's Trust = John M. Murphy Irrevocable Trust - 2001
* Grace's Trust = Gracilda M. Murphy Irrevocable Trust - 2001

Life and Accident and Health
Annual Statement Blank Alphabetical Index

Analysis of Increase in Reserves During the Year	7	Schedule DB - Part B - Section 2	E20
Analysis of Operations By Lines of Business	6	Schedule DB - Part B - Section 3	E20
Asset Valuation Reserve Default Component	30	Schedule DB - Part B - Verification Between Years	SI12
Asset Valuation Reserve Equity	32	Schedule DB - Part C - Section 1	E21
Asset Valuation Reserve Replicated (Synthetic) Assets	35	Schedule DB - Part C - Section 2	E21
Asset Valuation Reserve	29	Schedule DB - Part C - Section 3	E22
Assets	2	Schedule DB - Part C - Verification Between Years	SI13
Cash Flow	5	Schedule DB - Part D - Section 1	E22
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident & Health Contracts	9	Schedule DB - Part D - Section 2	E23
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule DB - Part D - Section 3	E23
Exhibit 2 - General Expenses	11	Schedule DB - Part D - Verification Between Years	SI13
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal income Taxes)	11	Schedule DB - Part E - Section 1	E24
Exhibit 4 - Dividends or Refunds	11	Schedule DB - Part E - Verification Between Years	SI13
Exhibit 5 - Aggregate Reserve for Life Contracts	12	Schedule DB - Part F - Section 1	SI14
Exhibit 5 - Interrogatories	13	Schedule DB - Part F - Section 2	SI15
Exhibit 5A - Changes in Bases of Valuation During The Year	13	Schedule E - Part 1 - Cash	E25
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14	Schedule E - Part 2 - Cash Equivalents	E26
Exhibit 7 - Deposit-Type Contracts	15	Schedule E - Part 3 - Special Deposits	E27
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16	Schedule E - Verification Between Years	SI16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17	Schedule F	36
Exhibit of Capital Gains (Losses)	8	Schedule H - Accident and Health Exhibit - Part 1	37
Exhibit of Life Insurance	25	Schedule H - Parts 2, 3, and 4	38
Exhibit of Net Investment Income	8	Schedule H - Part 5 - Health Claims	39
Exhibit of Nonadmitted Assets	18	Schedule S - Part 1 - Section 1	40
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule S - Part 1 - Section 2	41
Five-Year Historical Data	22	Schedule S - Part 2	42
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule S - Part 3 - Section 1	43
General Interrogatories	20	Schedule S - Part 3 - Section 2	44
Jurat Page	1	Schedule S - Part 4	45
Liabilities, Surplus and Other Funds	3	Schedule S - Part 5	46
Life Insurance (State Page)	24	Schedule S - Part 6	47
Notes To Financial Statements	19	Schedule T - Part 2 - Interstate Compact	49
Overflow Page For Write-ins	53	Schedule T - Premiums and Annuity Considerations	48
Schedule A - Part 1	E01	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule A - Part 2	E02	Schedule Y - Part 2 - Summary of Insurer's Transactions with Any Affiliates	51
Schedule A - Part 3	E03	Summary Investment Schedule	SI01
Schedule A - Verification Between Years	SI02	Summary of Operations	4
Schedule B - Part 1	E04	Supplemental Exhibits and Schedules Interrogatories	52
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary by Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI11		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E18		
Schedule DB - Part A - Section 3	E19		
Schedule DB - Part A - Verification Between Years	SI12		
Schedule DB - Part B - Section 1	E19		